PTO/SB/06 (08-03)
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PATEN	ION RECOR	or information D	unless it di	of use through 7/31/2006. OMB 0651-0032 Office; U.S. DEPARTMENT OF COMMERCE Less it displays a valid OMB control number. Application of Docket Namber					
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMAL	L ENTITY	o	OTHER THAN SMALL ENTITY		1
FOR AND HEE	NUMSER FILI	D to	MBER EXTRA	RATE			<u> </u>	LINITY	$\dashv$
37 CFR 1.16(a))			to the same of adjustment of the same of t		\$385	- D	RATE	FEE	-
OTAL CLAIMS 37 CFR 1.16(c))	minus	20 =		x sq.p		OR		\$770.0	1
IDEPENDENT CLAIMS 7 CFR 1.16(b))	IDENT CLAIMS			<b></b>		OR	$\times s18^{P}$ =		
				x : 430	:	OR	x 5.860.0=		
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ s/452	· .	OR	+ 50290, =		7
If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	1	1	
12/2/2/2/	S AS AMENDE						q	<b>L</b>	1
	Dlumn 1)	(Column 2	(Column 3)	SMALL	ENTITY	OR	OTHEI SMALI	R THAN ENTITY	
REI A AME	MAINING AFTER INDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	1
Total (37 CFR 1.16(c))	Minus		=	1 9	FEE	-	10	FEE	-
Independent (37 CFR 1.16(b))	14 Minus	124	=	x \$ 7 =	<del> </del>	OR.	× \$/8 =		
FIRST PRESENTATION (	OF MULTIPLE DEPEND	THE CLASS		x \$ 43 =		OR	x \$ 86 =		
	- MOETH CE DEFEN	JENT CLAIM (37)	OFR 1.16(d))	+ s/43 =		OR	+ \$ 29D=		
11.04 (Col	umn 1)	(Column 2)	(Column 3)	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	AIMS AINING	HIGHEST NUMBER	PRESENT		T -	7			
AF	TER IDMENT	PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-	İ
Total (37 CFR 1.16(c))	) / Minus	PAID FOR	=	1-0	FEE	1		TIONAL FEE	
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	/			x s/3 =		OR	x \$ 86 =	<u>`</u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 145=		OR	+ 290=		
				TOTAL ADD'L FEE		1 '	TOTAL		
(Colur	nn 1)	(Column 2)	(Column 3)		· · · · · · · · · · · · · · · · · · ·	OR	ADD'L FEE		
CLA REMA	UMS UNING	HIGHEST				ı	<del></del>		
AFT AMEN	TER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-	
Total (37 CFR 1.16(c))	Minus	PAID FOR	=	-	FEE			TIONAL FEE	
Independent	Minus	***		x s 7 =		OR .	× 5 /8 =		
(37 CFR 1.16(b))				× s <u>43</u> ₌	_	OR	× \$ 860 =		
FIRST PRESENTATION OF	MULTIPLE DEPENDE	NT CLAIM (37 CF)	R 1.16(d))	+5/45=			+ :290_		
				TOTAL		OR	+ SATU=		
If the entry in column 1 is				ADD'L FEE		OR	ADD'L FEE		
f the "Highest Number Pe	eviously Paid For I	N THIS SPACE	s less than 20, en	ter "20". r "3"				7=	- <u>-</u> -
he "Highest Number Pre ection of information is a to process) an application	viously Paid For" (Trequired by 37 CER	1 16 The inform	nt) is the highest	number found in th	e appropriate	box in colu	ımn 1.	1	

on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART! SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 355.00 OR BASIC FEE 710.00 TOTAL CHARGEABLE CLAIMS 0 minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL Ma: 00 **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-⋖ REMAINING NUMBER ADDI-PRESENT RATE **AMENDMENT** TIONAL **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** AMENDMENT PAHO FOR FEE FEE Total Minus 126 X\$ 9= X\$18= OR Independent Minus \*\*\* X40= **X80** OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT PREVIOUSLY** RATE TIONAL **AFTER** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135 =+270= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT **AFTER PREVIOUSLY EXTRA** RATE TIONAL RATE TIONAL AMENDMENT PAID FOR FEE FEE ENDM Total Minus X\$ 9= X\$18= OR Independent Minus X40= X8Ø= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +135= +270= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL 12.00 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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